

NEGATIVE PRESSURE THERAPY USING WALL SUCTION

This invention relates to negative pressure therapy and provides a device which can be used to provide such therapy on connection to an existing source of suction, such as a vacuum line.

Our prior patent application WO 97/18007 describes portable wound treatment apparatus for stimulating the healing of wounds. The apparatus described in our above application comprises a porous pad, which is permeable to fluids, for packing into or over the wound, dressings for covering and for providing an air-tight seal around the wound, and a drainage tube connecting the pad to a suction pump so that negative pressure can be applied to the wound to draw fluids therefrom, a canister being provided for collecting fluids which are sucked from the wound.

The apparatus described in our above application can be worn by the patient on a harness or sling so that he is not confined to one particular place while the therapy is in progress. There is, however, a demand for a more basic piece of equipment which, although not as sophisticated as the equipment described in our above application, does provide some of the benefits of negative pressure therapy.

Most hospitals have a suction line which is fed to all the wards and is available to nursing staff for a variety of purposes, such as powering drainage tubes and suctioning body fluids generally. For such uses, a pressure regulator may be connected to the source of suction and this regulator may include a pressure gauge indicating the pressure at the regulator valve. It is, however, dangerous to connect such a suction source directly with a patient, without providing continuous supervision. In many hospitals, shortage of staff makes it difficult or impossible to

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provide adequate close supervision, and if attempts are made to use such a source for negative pressure therapy, there is a very real danger of injuring the patient.

In some hospitals, vacuum bottles may be employed to assist drainage from wounds, e.g. after operations. Such bottles are containers which are available in various capacities and which are evacuated to low pressure. Vacuum bottles can be used in accordance with the invention as an alternative to a wall suction point. They have the advantage of providing a greater degree of portability to the negative pressure therapy apparatus, but the disadvantage that the bottle needs to be replaced with a fresh bottle once the pressure in the bottle has increased to the vicinity of ambient pressure.

An object of the present invention is to provide equipment which can be used with an existing wall suction source to safely provide negative therapy to patients.

According to one aspect of the present invention there is provided apparatus for applying negative pressure therapy to a wound site, said apparatus comprising an open celled foam pad for application to the wound, a suction tube connecting the foam pad to a collection canister, said canister having a shut-off valve which closes the outlet from the canister when it is full, a tube for connecting the canister to a wall suction point or a vacuum bottle and a pressure detecting means connected to the suction tube between the foam pad and the canister for indicating when the pressure in the suction tube falls below a predetermined level. The pressure detecting means may be a transducer which is connected by a branch tube to the suction tube leading from the foam pad to the canister. The transducer may be set to generate a visible and/or audible warning when the pressure in the suction tube falls below a pre-set level. A

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sudden pressure drop in the suction line would indicate that the canister is full and, consequently, there is no longer any effective therapy being applied to the therapy.

The canister full situation would normally be indicated by substantially zero pressure in the suction line. The transducer may also be set to activate a warning in the event that the pressure in the suction line does not reach a minimum pre-set pressure, or the pressure rises towards atmospheric after suction has initially been established, thereby indicating a gross leak in the system.

Preferably, the apparatus also includes a flow limiter in the line connecting the canister to the wall suction source so as to prevent the flow in the suction tube exceeding a pre-set level.

The apparatus may include a display panel which indicate the pressure existing at any one moment in the suction line. The transducer may also be adjustable so that indication or warning is given at different pre-set pressures.

The apparatus as described above may be adapted to give intermittent pressure therapy by providing a relief valve in a tube leading from the suction line. This relief valve may be programmable by a processor so that it is openable and closeable according to a pre-set programme thereby providing intermittent negative pressure therapy to the wound site.

Further features described below may also be introduced into the apparatus as described to give further desirable features.

Several embodiments in accordance with the invention will now be described with reference to the accompanying drawings, in which:-

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Figure 1 is a diagrammatic representation of one embodiment in accordance with the invention;

Figure 2 is a diagrammatic representation of a second embodiment; and

Figures 3A & 3B are diagrammatic representations of a collection canister for monitoring rates of flow of fluids sucked from the wound.

Referring to Figure 1 of the drawings, the apparatus for applying negative therapy comprises a foam pad (1) which is applied over or packed into a wound to be treated and is connected by a suction tube (2) to a canister (3). The canister (3) may be of conventional design having a shut-off valve (shown diagrammatically at (140), which automatically closes once the canister is full. The foam pad may comprise any suitable interconnected cellular foam. Foams which have been found to be especially suitable are polyurethane and polyvinyl alcohol foams or combinations thereof, having interconnected cells.

As shown in Figures 1 and 2, the foam pad is packed into the open wound and connected to the negative pressure source by a connector device (100) comprising a flexible backing plate (110) and an integral connector tube (120). The connector tube (120) is dimensioned internally to receive the suction tube or tubes (2) as a substantially air-tight fit. The foam pad and connector combination is secured to the wound to be treated by a surgical drape (130), which may be formed with an aperture to permit the tubular part (120) of the connector to pass through the drape.

A connector of this kind is described in UK Patent Application No. 9819678.5, WO 99/ 13793 and the corresponding US Patent Application filed on 9

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July 1999 (attorney ref: 1009.1094) entitled "Surgical drape and suction head for wound treatment", the disclosure of which is specifically incorporated herein.

A suitable canister of this kind is described in WO 97/18007, European Patent Application No. 0358302 or in US Patent Application No. 09/078223, the disclosure of which is specifically incorporated herein.. The canister is also connected via a further tube (4) to a pressure regulator (5). The pressure regulator carries a gauge (6) and is connected to an existing vacuum line such as a standard hospital wall suction source (7). In many hospital installations a regulator valve (5), together with a pressure gauge (6) already exist, attached to an existing suction source or can be fitted to an existing outlet in the suction source supply. The apparatus may also include an optional flow limiter (8), which may be adjusted to provide different desired levels of flow in the system.

Pressure in the suction tube (2) is measured by a branch tube (9) which is connected to the suction tube and to a transducer (10). The transducer (10) is mounted on a process control board (12) and this may be connected to a visual display (13). An optional relief valve (11) may also be connected into the tube (9) and provide a means for controlling the level of negative pressure at the wound site. The relief valve (11) may be manually settable so that the pressure at the wound site does not exceed a predetermined figure. In a more esoteric version, the relief valve may be electronically controlled from the PCB to relieve pressure at the wound site at pre-settable maximum pressures. Many hospitals, in addition to having a suction source and a pressure regulator such as regulator (5), also have body fluid collection canisters (3) supplied for other purposes. It may, therefore, be possible to supply to the

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hospital apparatus included in the dotted line shown in Figure 1, together with foams and connecting tubes so that they can connect the existing apparatus to a canister and a regulator (5) available in the hospital.

A more elaborate system is shown in Figure 2, which is similar to the arrangement shown in Figure 1 except for the following features described below. The same reference numerals indicate features common to both embodiments. First, the pressure regulator 15 connecting the apparatus to the wall suction source 17 is electronically controlled by the process control board (12). Secondly, the pressure at the wound site is monitored by a transducer (20), while the pressure in the tube connecting the canister to the regulator is measured by a transducer (21). The transducer (20) is connected to the wound side by a tube (23). Instead of providing separate tubes (2) and (23), a single bi- or multi-lumen tube may be used as described in our co-pending application WO97/18007. A relief valve (24) communicates with the tube (23) and enables the apparatus to operate intermittently in a controllable manner by intermittently reducing flow through the regulator (8) and venting pressure through the valve (11). The canister full situation is detected by noting a pressure differential between transducer (20) and transducer (21), or by means of a separate fluid level sensor. Pressure detection at the wound site via the transducer (20) also indicates whether there is a pressure leak or no therapy. A custom-made canister (32) may include means for sensing electronically when the canister is full and must be replaced, e.g. by capacitance measuring means (34). Preferably, the canister is designed to fit into a recess in a custom made housing (30), indicated by dotted lines.

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The housing may be directly connected at one end to the wall suction point (7), and at the other to a tube or tubes leading to the foam pad (1) at the wound site.

In the embodiment of Figure 2, the transducers (20 & 21), the relief valve (11) and pressure regulator (8) are preferably all electronically controlled by connections to the PCB. For example, the canister full situation is detected by comparison of the pressure difference between transducers (20 & 21) and this can be signalled on the display (13) and, optionally, also by an audible warning signal.

It may be desirable to measure the rate at which fluids are sucked from the wound site. This is conveniently achieved by measuring the rate at which the canister is filled with wound exudate. A suitable device is shown diagrammatically in Figure 3. In one configuration shown in Figure 3A, a sleeve (33) is held in intimate contact with the outer surface of the canister. This sleeve carries a single sensing element (35), e.g. capacitive sensor that can provide a means of sensing the presence of liquid at different levels in the canister by simply moving the sleeve up and down the canister. The sensing element detects the presence of liquid by projecting an electrical field into the canister and detecting any change in that field, e.g. by a change in capacitance. The rate of change of capacity over the portion of the canister surveyed by the detector gives an indication of rate of flow of fluid sucked from the wound site.

In another configuration shown in Figure 3B, a series of sensing elements (36) are evenly spaced on a sleeve (33) that is in contact with the outer surface of the canister. As the fluid level rises within the canister, the sensing elements are triggered. This information can then be used by the control system at the PCB to deduce flow rate.

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